

2015 PEBB Retiree Monthly Rates

Effective January 1, 2015

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans. For more information on these requirements, contact your health plan's customer service department.

Medical Plans							
Members not eligible for Medicare (or enrolled in Part A only):	Group Health Classic	Group Health Value	Group Health CDHP	Kaiser Permanente Classic	Kaiser Permanente CDHP	UMP Classic	UMP CDHP
Subscriber Only	\$ 600.80	\$ 569.38	\$ 530.10	\$ 619.65	\$ 540.35	\$ 578.51	\$ 535.82
Subscriber and Spouse*	1,195.35	1,132.51	1,044.74	1,233.05	1,064.74	1,150.77	1,056.18
Subscriber and Child(ren)	1,046.71	991.73	930.66	1,079.70	948.23	1,007.71	940.67
Full Family	1,641.26	1,554.86	1,386.97	1,693.10	1,414.29	1,579.97	1,402.70

Members enrolled in Part A and Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$148.14	N/A [†]	N/A [†]	\$ 153.02	\$ 234.69
Subscriber and Spouse* (1 Medicare eligible)	N/A [†]	\$ 742.69	\$ 711.27	766.42	806.95
Subscriber and Spouse* (2 Medicare eligible)	290.03	N/A [†]	N/A [†]	299.79	463.13
Subscriber and Child(ren) (1 Medicare eligible)	N/A [†]	594.05	570.49	613.07	663.89
Subscriber and Child(ren) (2 Medicare eligible)	290.03	N/A [†]	N/A [†]	299.79	463.13
Full Family (1 Medicare eligible)	N/A [†]	1,188.60	1,133.62	1,226.47	1,236.15
Full Family (2 Medicare eligible)	N/A [†]	735.94	712.38	759.84	892.33
Full Family (3 Medicare eligible)	431.92	N/A [†]	N/A [†]	446.56	691.57

* or registered domestic partner

(continued)

[†] If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

Medicare Supplement Plan F, administered by Premiera Blue Cross

	Plan F (Age 65 or older, eligible by age)	Plan F (Under age 65, eligible by disability)
Subscriber Only	\$ 110.08	\$ 209.26
Subscriber and Spouse* (1 Medicare eligible)**	682.34	781.52
Subscriber and Spouse* (2 Medicare eligible – 1 retired, 1 disabled)	313.09	313.09
Subscriber and Spouse* (2 Medicare eligible)	213.91	412.27
Subscriber and Child(ren) (1 Medicare eligible)**	539.28	638.46
Full Family (1 Medicare eligible)**	1,111.54	1,210.72
Full Family (2 Medicare eligible – 1 retired, 1 disabled)**	742.29	742.29
Full Family (2 Medicare eligible)**	643.11	841.47

*or registered domestic partner

** If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

Monthly Premium Surcharges

The following surcharges will be billed in addition to the medical plan premiums due from subscribers. **These surcharges do not apply if the subscriber is also enrolled in Medicare Part A and Part B.**

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more of the enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or registered domestic partner, and the spouse or partner has chosen not to enroll in medical coverage through his or her employer-based group medical insurance that is comparable to Uniform Medical Plan (UMP) Classic.

Dental Plans with Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 45.22	\$ 42.37
Subscriber and Spouse*	79.06	90.44	84.74
Subscriber and Child(ren)	79.06	90.44	84.74
Full Family	118.59	135.66	127.11

*or registered domestic partner

Retiree Life Insurance Self-Pay Rate – \$7.78 per month